

TOWN of STOW

Stow, Massachusetts 01775



APPLICATION FOR FIRE ALARM PERMIT

Date _____

Permit No. _____

Location of Work _____ Lot No. _____

Name of Builder _____ Tel. No. _____

Name of Owner _____

Name of Installer _____ Tel. No. _____

Address of Installer _____ Tel. No. _____

License No. _____ Cathedral or Beamed Ceilings? _____

Type and Style of Structure _____

No. of Levels _____ No. of Sleeping Areas _____

Brand Name(s) and Model(s) of All Equipment to be Used _____

NOTE: If this application does not contain the proper information or is not accompanied by plans, brochures, cuts, etc., a permit will not be issued at that time. Please submit TWO copies of plans, drawings or layouts at the time of application. Thank you.

This application, with accompanying information, is to be forwarded to the Fire Department, 16 Crescent Street.